DOCUMENT RESUME

ED 353 040 PS 020 812

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TITLE Parenting the Poorly Attached Teenager. Fostering Families. A Specialized Training Program Designed for Foster Care Workers & Foster Care Parents.
INSTITUTION Colorado State Univ., Ft. Collins. Dept. of Social Work.
SPONS AGENCY Colorado State Dept. of Social Services, Boulder.
PUB DATE May 91
CONTRACT C-951209; UAA7T7C0000001
NOTE 51p.; For other manuals in this series, see ED 339 492-502 and PS 020 813-818. Cover title reads "Parenting the Poorly Attached Child (7-16 years). Fostering Families."
PUB TYPE Guides - Classroom Use - Instructional Materials (For Learner) (051) -- Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Adolescents; Aggression; Anxiety; *Attachment Behavior; *Behavior Problems; Foster Care; *Foster Children; *Foster Family; Grief; *Parent Child Relationship; Peer Relationship; Responsibility; Security (Psychology); Social Isolation; Social Support Groups
IDENTIFIERS *Attachment Disorders; Colorado State University; Conscience

ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module explores the attachment process and the long-term effects of attachment difficulties in the first years of a child's life. The module's learning objectives address: (1) ways of identifying the basic concepts underlying attachment and bonding; (2) ways of examining attachment disorder through a continuum from securely attached to poorly attached to unattached; and (3) ways of identifying problem behaviors in teenagers who struggle with attachment disorder. The module consists of four lectures, each of which includes reading materials, charts, and activities for individuals or groups. Lecture 1 considers the importance of attaching behaviors, and the dynamics of attachment between caregivers and infants. Lecture 2 discusses levels of attachment. A continuum of attachment from securely attached, through inadequately and insecurely attached, to unattached, is outlined. A range of social, psychological, and behavioral patterns in poorly attached teens is explained in lecture 3. These patterns relate to delayed development of conscience, manipulation, anxiety, problems with authority, aggression, poor peer relationships, and isolation. Lecture 4 suggests ways of parenting the poorly attached adolescent, including nurturing, helping the adolescent grieve the poor attachment process, teaching the adolescent to accept the consequences of actions, and providing psychological services. A form for evaluating the module is appended. (BC)

ED353040

FOSTERING FAMILIES

Parenting the Poorly Attached Child (7-16 years)

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Designed in Consultation with the Colorado Department of Social Services Under Grant Number UAA7T7C0000001

FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster Care Workers & Foster Care Parents

PARENTING THE POORLY ATTACHED TEENAGER

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Project Director

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May, 1991

Designed in consultation with
The Colorado Department of Social Services
Under Grant No. C 951209 & UAA7T7C0000001

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is designed to improve the competencies of caseworkers and foster care parents in the areas of foster care placement, case management and supervision, case planning, and provide an understanding of the multiple-systems interfacing with families and out-of-home children.

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed in 3 1/2 and 4 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered for upper-division college classwork in the Social Work Department and Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

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ABOUT THE AUTHORS

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Timothy Philip Faust, M.S.W., is a licensed clinical social worker. For the past 20 years, he has consulted with many organizations, institutions, schools, Boards and agencies serving children, teens and families. He is the co-founder and past Director of the Attachment Center in Evergreen (formerly called the Human Development and Research Center of the Colorado Youth Behavior Program). Mr. Faust worked with Foster Cline, M.D. and acknowledges Dr. Cline's creative influence upon his professional writing and practice. Currently, he does family practice in Fort Collins and consults with Colorado State University and the Wyoming and Colorado Departments of Social Services.

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INTRODUCTION

Fostering Families is a specialized foster care training program. Various important learning concepts related to families, youth and children are explored *within* the context of child welfare and protective services. By paying specific attention to the foster care environment, Fostering Families' training is highly relevant for caseworkers and foster parents. Fostering Families is also unique because faculty and training staff receive regular input from foster parents and social services people who work daily to meet the needs of children in out-of-home placement. Thus, this training project continues to evolve because of the on-going training program.

Our goal is to create small group training experiences which offer new knowledge, concepts, ideas, and skills to improve (1) the foster care assessment and placement process, (2) the case planning, monitoring and supervising process, and, (3) the recruitment and retention of foster homes.

Foster parents and caseworkers are learning collaboratively in each session. Each module is designed to motivate participants to go beyond simple transmission of information to training opportunities created so that trainees can apply concepts either in role play situations, small group experiences, or through individual activities. Participants are also provided the opportunity in the training session to integrate their learning through discussion and group experiences. To achieve high accessibility for foster parents, training sessions are often held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural areas of the State.

This module, Parenting the Poorly Attached Teenager, explores the attachment process and how attachment difficulties in the early years of an infant's development have long term effects. Another module on attachment, Exploring Attachment with the Primary Caregiver, serves as a basic introduction to the concepts related to attachment. Building on the material in Exploring Attachment, this module provides some understanding of the range of social, psychological, and behavioral patterns of poorly attached young persons and offers some specific information on parenting the young person who has what can be called an attachment disorder.

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INTRODUCTION

Each manual is written to provide a wide range of information on the topic area being addressed. In the training session it is unlikely that everything in the manual will be equally addressed. We recommend reading the manual completely soon after a training session. We have been told that this helps greatly in gaining a full understanding of the issue at hand. In this manual, there are several helpful charts that summarize important ideas and can be reviewed often when involved with a poorly attached young teen.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

FOSTERING FAMILIES

TABLE OF CONTENTS

Page

Introduction i

Table of Contents iii

Glossary of Terms 1

Learning Objectives 2

Lecturette #1: Importance of Attaching Behaviors 3

Chart A: Dynamics of Attachment 6

Lecturette #2: Levels of Attachment 7

Chart B: Attachment Within the Developmental Process 11

Chart C: Behavioral Patterns in Poorly Attached Children 13

Lecturette #3: Range of Social, Psychological, and Behavioral Patterns in Poorly Attached Teens 14

Lecturette #4: Parenting the Poorly Attached Adolescent 23

Chart D: Intervention Map of Attachment Disorders 24

Chart E: Parenting Poorly Attached Teens 31

Key Points 33

Suggested Resources 34

Assignment for Partial Credit 35

Application for Partial Credit 36

Evaluation of Learning 37

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GLOSSARY OF KEY TERMS

Attachment	**an enduring affectionate bond between two individuals that joins them emotionally**
Attachment Behaviors	**those behaviors which have the purpose of bringing the primary caregiver closer Example: crying, smiling, eye contact, sucking, etc.**
Attachment Figure	**the person chiefly responsible for Primary Caregiver meeting the physical and emotional needs of a child on a daily basis and with whom the child develops an enduring bond**
Bonding	**another term for the process of attaching which expresses both the tie between caregiver/parent and the quality of the connectedness**
Care-giving behaviors	**the behaviors of the caregiver which have the purpose of responding to the infant's attachment behaviors by touching, holding, rocking, smiling, eye contact, exploring, cuddling, stroking, cooing**
Poorly attached child	**resulting from a break in, interruption of or inadequate care during the bonding process**
Unattached child	**results when a child experiences a void in the bonding process**

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LEARNING OBJECTIVES

1. **Toward improving the child placement and treatment planning processes for social service workers and foster care, participants will**

    a) **identify the basic concepts underlying attachment and bonding.**

    b) **examine attachment disorder through a continuum from securely attached to poorly attached to unattached.**

    c) **identify problem behaviors in teenagers who struggle with attachment disorder.**

2. **To increase the caseworker's effectiveness in monitoring and supporting foster parents caring for foster children, participants will explore ways to parent poorly attached teens in four areas: nurturing, grieving and mourning, consequencing, and professional intervention.**

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IMPORTANCE OF ATTACHING BEHAVIORS

Lecturette #1

On Love and Becoming Human

An infant needs kissing and cuddling, diaper changing and feeding, and love and protection. Infants need warmth, parental patience and protection from fear, hurt and rage. The primary caregiver is promoting attachment. The infant learns to be loving from first having had loving care. Thus, children are oriented toward love, or its opposite, in the first year of life. If the caregiver-infant bond is disrupted in this beginning of life, life long personality and behavioral consequences (disorders) emerge.

A study by Rene Spitz (1965) showed that babies raised in inhumane conditions, such as institutions, grew up markedly different in behavior from those who became attached to loving mothers or fathers. The unattached babies vocalized very little. They showed none of the babbling, cooing and crying, when in need, that attached babies did.

Dr. Martha Welch (1988) describes poignantly an experience of a poorly attached child. She says,

"At the time, I was working with a seriously disturbed family with a long history of disruptions in the mother and child relationships. As small children both the grandmother and the mother had spent long periods in the care of aunts.

<u>Group Exercise</u>:

In small groups, consider the following.

1. Share briefly your background.

2. Talk about why you enjoy working with children and young people.

3. Talk about your personality and behavior traits that help and hinder your work with young people.

Quite by chance the mother mentioned that she had never been held as a child and that in fact, she had not been able to bring herself to hold or cuddle her son when he was a baby. The result was that he screamed and cried endlessly for most of the first eight months, then suddenly went into autistic withdrawal. Not long after telling me this, the mother brought a Mother's Day present to the grandmother. The grandmother was so surprised that she grabbed the mother and held her, spilling out the pent-up feelings of love and affection that she previously had not been able to express. The mother told me later that at the moment she had wanted her mother to let go immediately and at the same time never to let go. After this single dramatic moment of longed-for contact with the grandmother, the mother's ability to respond lovingly to her child increased. Within a few days, the child's behavior dramatically improved. (p. 8-19)."

A thing which has not been understood inevitably reappears; like an unlaid ghost, it cannot rest until the mystery has been resolved and the spell broken.

Freud, 1909

Anger and The First Years of Life

Anger and rage are emotions that stem from the infants' *lack of trust* in the basic goodness of others and the world surrounding him or her. This mistrust creates a belief that one cannot depend on others. Further, this belief, largely learned from primary caregivers, reflects an incomplete development of basic trust.

These questions are often asked: how is the absence of trust and basic goodness lost in the early years of life and can it be repaired? To answer these questions, one must look at the attachment and bonding cycle as illustrated in Chart A.

<u>Group & Individual Activity</u>:

Examine Chart A, "The Dynamics of Attachment."

Participants could spend several minutes talking about specific bonding and attaching experiences with foster children.

THE DYNAMICS OF ATTACHMENT BETWEEN CAREGIVER AND INFANT

The dynamics of attachment flow from a cyclic process of responses and arousal. The inner circles illustrate the child and the primary caregiver with their need and response patterns. These responses are played out in the larger context of the relationships that joins them together. Thus, when the infant experiences a need, a state of arousal is created. The caregiver recognizes the need, and responds. Initially the caregiver responds with nurturing and caring behaviors in concert with her efforts to relieve the need. An "emotional glue" cements the relationship. When the need is satisfied, the infant then relaxes, as does the caregiver. In the relaxation, there is the opportunity for these two to enjoy and love each other.

From varied research, six factors appear to influence successful attachment experiences. On the part of the caregiver, these factors include (1) timeliness of response by the caregiver, (2) consistency of responsiveness to the infant, and (3) a level of intensity i.e. attentiveness, in the response process of the caregiver. Factors attributed to the child's influencing of the attachment process include (1) their normal perceptual threshold, (2) good basic physical condition, and (3) the infants basic trusting of the caregiver.

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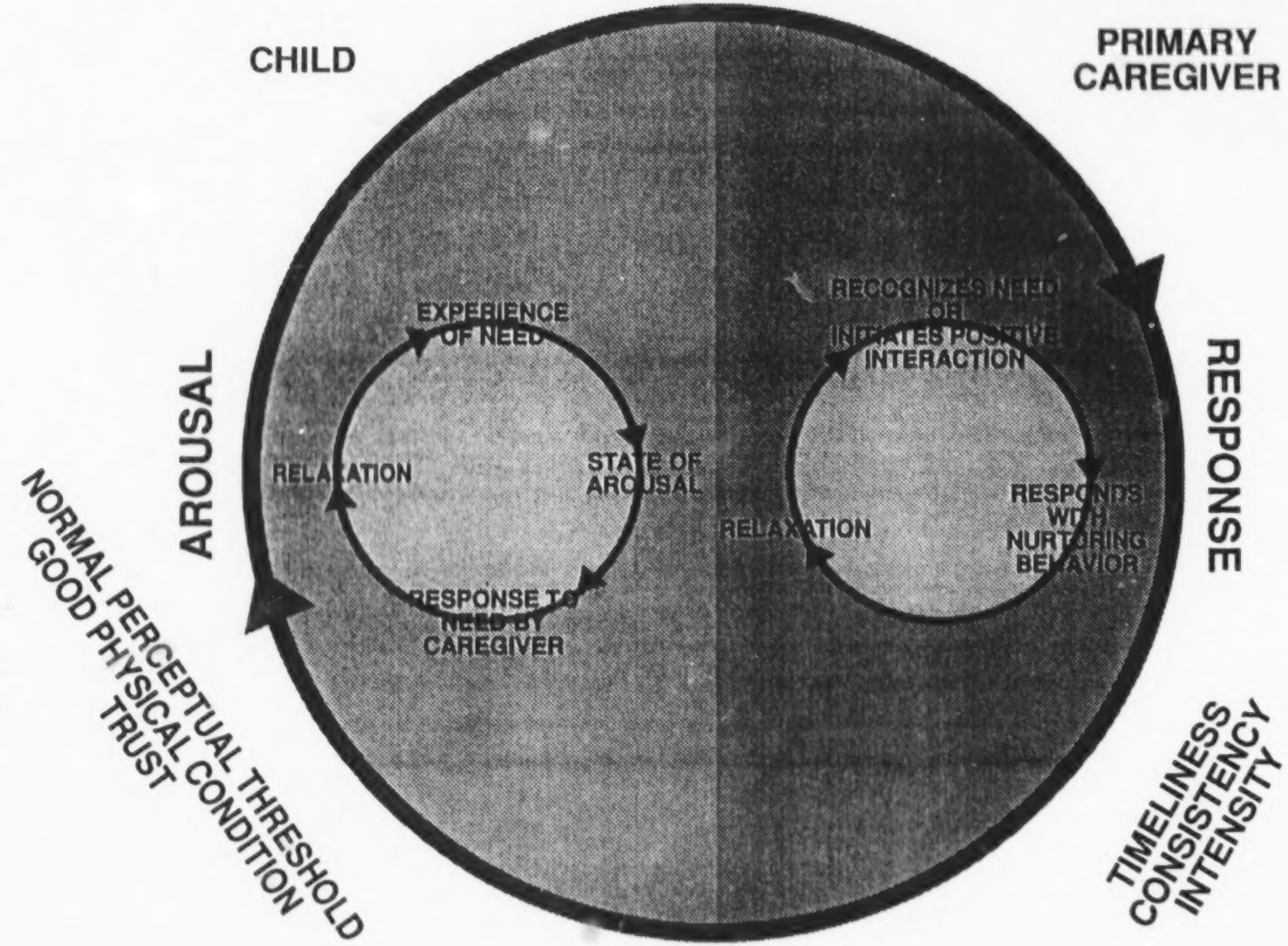
DYNAMICS OF ATTACHMENT



ADAPTED FROM VERA FAHLBERG (1979)

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LEVELS OF ATTACHMENT

Lecturette #2

This attachment and bonding cycle illustrates the vital relationship between the primary caregiver and the infant. This cycle happens in the first year of life and continues throughout the child's early years of development. The behaviors that encourage this process include mother and infant exchange of smiles, their focused eye contact especially during feeding, the rocking and verbal connecting between the two. The infant learns to trust the primary caregiver and in that way has gained one half of what he or she will need to learn in his/her entire life time. Quite incredible!

A child can become securely attached, inadequately attached, insecurely attached or unattached depending on the care that is given. When there is a break in, interruption of, or inadequate care given during the attachment process, this jeopardizes secure attachment. To understand this more fully, these four levels of attachment are delineated below. The first level, securely attached, is ideal. The next three levels, inadequately attached, insecurely attached and unattached are different descriptions of what we call poorly attached children. These levels have been developed because of the variations in behaviors that children display. The last area, furthest on the continuum, is the unattached child, sometimes called the avoidance attached child. This level is at the extreme on the continuum of attachment disorder and is most disturbed. We can then consider varied treatment choices dependent on our understanding of the child's location on the continuum.

Bowlby (1988) gives insight into why a parent might foster this inadequate attachment. He says that a "caretaker, usually the mother has failed to have respect for her child's desire for autonomy and discourages exploration. This is usually a mother who, not having had a secure home base during her childhoo9d, is consciously or unconsciously seeking to invert the relationship by making her child her own attachment figure (p. 169)."

Further, as we attempt to understand attachment disorder as it relates to the broad field of social well-being and mental health, it becomes evident that attachment disorders, particularly within the poorly attached categories, foster personality and mood disorders in adulthood, particularly narcissistic, dependent, obsessive, avoidant, anti-social, and bi-polar diagnoses.

The continuum of attachment is as follows:

1. The **securely attached** child feels confident that his/her parent(s) and primary caregiver(s) will be there to provide comfort and assistance when needed. This trust allows the child to explore the world around him/her. Parents report that these children are relatively easy to console, to give and receive affection. This child grows to learn right from wrong and gains a positive sense of well-being.

2. **The inadequately attached child (the overly-indulged or spoiled child) grows up being overly indulged by parents, family members and uses outside people to continue to meet his/her basic social, physical and psychological needs. Parents are always there for the child. Too much so, catching he/she when he/she falls, not allowing him/her to learn from his/her mistakes, protecting him/her from all pain and providing too much gratification (Cline, 1979).**

Overly indulged children grow up having low self-esteem, feel abused and get angry at the world when their immediate needs are not met. They have a difficult time with delayed gratification. As these children grow up, they are like a leaf in the wind: if they are involved with good peers they mimic that good social process, yet if they connect with children who are angry, destructive, violent or behaving in other unacceptable ways, they act as these peers do. Ultimately whichever group they choose, they are seeking acceptance from peers. These children are not able to achieve their autonomy which is a significant aspect of early childhood development. During adolescence, these children become extremely manipulative.

3. **The insecurely or ambivalently attached child is not sure that his/her parent figures will be there to take care of him/her. In fact, his/her primary caregiver was inconsistent in his/her caregiving. This child will more likely experience severe separation anxiety, be clinging, and less willing to explore his/her world. Insecurely attached children experience periodic rejection. They are ambivalent, wanting their parents present but simultaneously resisting their touch, love and affection (Bowlby, 1988).**

As the insecurely attached child matures, s/he develop strategies for dealing with the caregiver's unavailability and inconsistency. As a young child, s/he may be very comfortable being alone, wandering off quite some distance without concern for his/her own well-being. Another way that the insecurely attached child attempts to cope with his/her loss is through fussing or pleading with the caregiver in order to get what s/he needs. Karen (1990) indicates that this insecurely attached child is "wildly addicted to the caregiver and to the efforts to make the caregiver change (p. 50)."

As the insecurely attached child matures, s/he may also project his/her anger on to other female caretakers, and is likely to carry this anger into adult relationships both at home and in the workplace.

<u>Individual or Group Activity:</u>

Look at Chart B entitled "Attachment Within the Developmental Process: A Child's First and Second Years."

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ATTACHMENT WITHIN THE DEVELOPMENTAL PROCESS

A CHILD'S FIRST AND SECOND YEARS

Chart B

Level of Attachment	1st Year: Trust	2nd Year: Autonomy
Securely Attached	Needs met Parental responsiveness	Wants Met Adequate Parental limit setting Optimum frustration
Inadequately Attached or overly-indulged	Needs met Parental responsiveness	Wants expressed Poor parental responses Control battles Poor optimum frustration
Insecurely Attached or ambivalently attached	Needs expressed, sometimes met Unreliable parent responses	Wants expressed Ambivalent &/or inconsistent parental response
Unattached or avoidance attached	Needs expressed Parental neglect, rejection or abandonment Infant developmental traumas	Wants expressed Parental response abusive/neglectful High anxiety in parental responses may move to abusive parental actions Parent avoids child child avoids parent Unable to give and receive

4. **The unattached child or avoidance attached child is most difficult as they experienced a void in the attachment-bonding process: the needs s/he expressed were rarely, if ever, appropriately responded to by the caregiver. These children have experienced sustained parental rejection and are typically found to be suffering from unresolved infant developmental traumas such as the loss of a primary caregiver, a serious medical illness, or neglect and abandonment.**

An unattached child is like a "lost soul." Shamed by rejection and abandonment issues, s/he does not understand or respond to cause and effect thinking or accept easily, normally imposed consequences. The child will try to live without love and support (avoiding others) by becoming emotionally self-sufficient or "shut down.

These children are most often described as not having a sense of right and wrong--of having a delayed conscienceness development. The unattached child is developmentally repressed to their early years, even as their physical size increases, so the teen or adult who is unattached is a "big person" in a "small child's unhappy, angry world." In most cases, they will not be able to give or receive love and affection (Bowlby, 1988) and may inflict harm on those whom they feel are too close. Bowlby (1988) says that this avoidant child keeps his distance, is bad-tempered, and prone to bully other children (p. 169).

Individual or Group Activity:

Examine Chart C entitled "Behavioral Patterns in Poorly Attached Children." Consider how this list reflects a foster child in your home.

Whether you trust others or not, whether you anticipate love or rejection, whether you feel good about yourself as a person is learned from the relation-ship with primary caregivers

Ainsworth, 1978

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BEHAVIORAL PATTERNS IN POORLY ATTACHED CHILDREN

Chart C

Any of the behavioral patterns* on the following list may be seen in children with attachment problems. It seems safe to state that a child's attachment disorder is more severe with more behavioral symptoms as described briefly below.

- * poor eye contact
- * chronic anxiety
- * indiscriminate affection
- * superficially charming
- * overly self-competent
- * learning difficulties
- * delayed conscience development
- * poor social relationships
- * control battles (authority problems)
- * hiding food and other poor eating habits (especially high sugar intake)
- * hyperactivity
- * lying, crazy lying
- * manipulation
- * aggression
- * poor judgement
- * withdrawl
- * irrational thinking
- * cruelty to animals and/or people
- * preoccupation with violence and destruction (monsters, blood, fires)

*This list was compiled from many professional sources including those listed in the "Suggested Resources" section of this manual.

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RANGE OF SOCIAL, PSYCHOLOGICAL AND BEHAVIORAL PATTERNS IN POORLY ATTACHED TEENS

Lecturette #3

There are a range of psychological, social and behavioral patterns in poorly attached teens, referring here to youth from about 11 to 18 years of age. In this section of our discussion we will attempt to address the dominant problems that emerge as long term effects of poor attachment experiences as infants and small children.

We know that as children mature out of infancy and toddlerhood, difficult behaviors emerge from those children who have had poor attachment experiences with primary caregivers. Disruptions in caregivers because of unforseen problems such as medical emergencies, parental illness, etc. are primary reasons for poor attachment experiences. Yet, poor attachment may have occurred because of multiple out of home placements or poor quality parenting often stemming from young mothers not really ready to offer the kind of unconditional love required of infants.

As children mature into adolescence, we know that they must cope with the "hormones and wheels" of life (Cline, 1979)--developmental tasks brought on physically, and paralleled by the social and psychological tasks that accompany puberty. Yet, the poorly attached teen having only some of the "parts" available to master adolescence and may slide backward in their behaviors because of the inability to achieve what is expected.

<u>Individual or Group Activity:</u>

Show video "Poorly Attached Children & Youth."

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Lecturette #3 (Cont'd)

Interestingly, it appears that in the latency years of a childhood--from approximately 7 through 11 or 12, many poorly attached youth "learned" or rather devised skillful ways of coping or "getting by" in their families, peer groups and sometimes even in their schools.

A sense of normalcy or a kind of "mask of sanity" in these youthful years (Cleckly, 1976) made parent(s) wonder about the inconsistencies which the poorly attached child exhibited. For example, in elementary school, a child who is poorly attached, may be able to maintain appearances of "doing good" by manipulating his school teachers, tutors, or others. Thus, the child whose early years contained poor experiences of attachment and yet s/he functioned on the edge of acceptable behaviors, will reach adolescence and (probably) no longer be able to maintain the "apparent" sense of normalcy of earlier years. As the parent-child relationship seeks to change at adolescence, in line with normal expectations, the poorly attached child can not meet the new expectations. The poorly attached teen begins to exhibit behaviors and cognitive disorders that exhaust school personnel, parents and even peers.

Let's discuss why this is so. Seven of these difficult patterns exhibited by poorly attached teens are described below. These are (1) delayed conscience development, (2) manipulation, (3) chronic anxiety, (4) authority problems and control battle, (5) aggression, hostility, and destructive behavior, (6) poor peer relationships, and (7) self-isolation.

1. DELAYED CONSCIENCE DEVELOPMENT
(crazy lying and stealing)

Teens who do not have an internalized parent (part of the development in the first two years of healthy bonding) as a result of poor attachment, usually do not have the motivation to please parental figures while growing up. Consequently they most likely did not develop the moral fabric or conscience that regulates decision-making.

In essence, the decision-making process around values, or right versus wrong, in the poorly attached teen is delayed and inadequate stemming from the lack of affection and trust gained in successful bonding.

Poorly attached teens' attitudes are unreasonable, neglectful, and usually unpredictable. On the continuum toward unattached, these teens are prone to cruelty of animals and other people. Also, they lie and steal. Their lying is a crazy type lying. They tend to lie about unimportant things even when there would be no punishment or consequence. As youngsters it was difficult for them to maintain eye contact when lying, but for many teens, after years of practice, it is difficult to tell when such a teen is lying. Now they look you straight in the eye and say, "I found this radio at the park (or pen at school)," or, "A friend loaned me some money to go to the movie."

Both poor judgement and irrational thinking can be components of delayed conscience development. Poorly attached teens generally do not show signs of guilt or anxiety when they are caught. "These teens lie even when caught, red-handed. They can be confronted by the store security guard walking out of the store with a candy bar and deny it is in their hand (Cline, 1979)."

2. MANIPULATION

Poorly attached teens have the ability to appear attractive, bright, lovable, creative, and intelligent depending on the need (that is to say their own selfish need) at the time. They may seem superficially charming. Therefore neighbors, strangers, helpful counselors or social workers often see the parents as the problem because these children seem so delightful. Dr. Cline (1979) indicates that this can cause parents great consternation and frustration, and, when police and other child care agencies intervene, anguish. For these manipulative, often intelligent, teens twist things so that parents may even be accused of child abuse (pp. 114).

One parent of a poorly attached teen related this story: "John and I got into a big fight. I went into his room around 7:30 am to tell him to get up for school. He hit me in the head with a baseball and so, by god, I hit him back. He picked up a shoe to hit me. I threatened to call the police if he touched me. As I turned to leave the room he slammed me in the back with a board, knocking me over and really injuring my back. John ran out of the house and called the police and told them that I hit him with a baseball. The police came out and wanted to file a charge against me--can you believe that?"

3. CHRONIC ANXIETY
(with or without hyperactive behavior)

Usually by the age of seven years, the poorly attached child has lost confidence that his/her parents will be available and is prone to anxiety. Chronic anxiety is a psychological condition where the emotional content of one's life causes either emotional or physical symptoms that express unresolved internal pain and confusion.

By adolescence, the anxiety prone teen has left home, been kicked out or run away. S/he has experienced other major trauma of loss, rejection, or abandonment. For many teens, their anxiety is repressed much of the time, until they are confronted with either stress from the environment or emotional trigger situations such as breaking up with a girlfriend or boyfriend. They may act out their anxiety in aggressive or manipulative ways. A teen may be irrational in their interpersonal responses when they become overly anxious.

Minor stress will make poorly attached youth irritable and yet, with major stressors, these teens become rageful. Teens often use sex and drugs to mask their anxiety and drown any pain they may be experiencing.

When they were younger, sugar and other fats and carbohydrates were used to attempt to fill their emptiness; some even hid food in case they had an "anxiety love attack" and needed a quick fix!

Because anxiety in teens is not unusual due to the major life changes being undertaken, teens and their parents often won't or don't seek help. Some children/teens have been diagnosed by an alert school counselor or family physician as having learning disorders or attention deficit disorders.

Some symptoms for attention deficit disorder are identified as:

*needing reminders to be responsible
*skipping school
*failing to plan long-term assignments
*failing to keep track of assignments
*getting off the topic in conversations
*interrupting or failing to take turns when talking
*doing impulsive things; flying off the handle
*behaving inappropriately in social situations without realizing it
*having trouble with money management
*getting into trouble with the law
*getting into fights *getting caught easily
*rushing through things *doing sloppy work
*failing to respond to discipline
(Liden (1989) pg.28)

4. AUTHORITY PROBLEMS
and control battles

When the child is young, s/he will more often fight with the primary caregiver(s) as an expression of his/her feelings of loss and abandonment. The teen will enlarge the battleground. Teens will fight with their peers, or confront school and other public authorities.

Parents and adults working with these poorly attached teens "reach their limit" many times in a single day. When teens are asked to comply with reasonable requests she/he resents this because s/he feels the need to be in CONTROL.

This poorly attached teen feels like s/he is being singled out and picked on all the time. She/he is unable to view their own behavior objectively. This probably comes from a history of being neglected, abused or traumatized early in their lives. A teens' distorted thinking reflects back to parental care that was unreasonable, neglectful, cruel, inconsistent, or hypocritical. Those teens who have been abused and traumatized may be aggressive and cruel to siblings or peers. These teens lack trust in others and reasonable requests from those adults in authority may lead to major confrontations or dismissal.

One researcher (Stoufe, 1990) recently said,

"Whenever I see a teacher who looks as if she wants to pick a kid up by the shoulders and stuff him in the trash, I know that kid had an avoidant attachment history."

5. AGGRESSIVE, HOSTILE, & DESTRUCTIVE BEHAVIOR

Again because these adolescents had poor parenting as infants or toddlers, and controlled parents by temper tantrums, their anger, anxiety, and rage is likely to continue into their teens. Now with "hormones and wheels," they give direct expressions to their impulses and are unable to postpone immediate forms of gratification of their desires. The childhood kicking, hitting, or biting transforms into holes in baseboard walls, doors ripped off their hinges or assault of people or animals with balls, bats, or whatever is in their hand at the time of their rage. These poorly attached aggressive, hostile teens are unable to think rationally and use sound judgement.

A mother sadly recounted her feelings about her aggressive, angry son. She said

> 'whenever I walk by my son I don't know whether to expect a punch or a hug. It makes you want to avoid or keep your distance from him.' (Anonymous)

6. POOR PEER RELATIONSHIPS
(lack of healthy, long term friends)

Since a child's first relationship with his primary caretaker sets the stage for all future relationships, it is there that the child learns what he can and cannot expect from others. John Bowlby (1988) noted that unattached (or poorly attached) children have difficulties relating normally with others. These teens lacking sensitivity to other people's feelings, have become egocentric, selfish and usually making excessive demands on others.

For these teens as children it was most difficult to grow socially. Relationships were difficult to build and even harder to maintain. Rejection, abandonment and loss are such great fears for these teens that they may not attempt a relationship, thus, they do not have to repeat their experience of abandonment or loss.

One of the most important aspects of adolescence is the peer group. Poorly attached children continue to do poorly in social situations. Parents must talk about peers and keep very aware of what is happening in order to help the teen socially. It is very important for parents to monitor the kind of peer group since these teens often pick poor peer groups. Parents must also realize that they are limited around control of the teen.

One mother of a fourteen year old talked about the friends her son had. "For Andy he would make friends of younger kids; he would go to the park and just meet anyone younger than him. I think he did that so he could be in control or maybe he did not have the social skills, anyway the friendship wouldn't last very long. Someone always ended up getting hurt or in trouble."

Poorly attached teenagers often pick peer relationships that mirror what's inside them. Thus, it is not surprising that their friends may be runaway youth, or youth having difficulties in their families. Some teens seek out people they can control; or, move into gangs where they believe they will not be rejected. Unfortunately, these teens may also meet adults who exploit them because they are so vulnerable. Desperately looking for the love and nurturing that they have not had, poorly attached teens are easy prey for exploitive adults who propose situations that at first seem to provide a sense of caring and "love." When the teen realizes the exploitive situation they are in, often they feel caught in a web they are incapable of finding a way out of without help from professionals.

7. SELF-ISOLATION

Some poorly attached teens find ways of coping with their needy life by withdrawing into themselves. They isolate themselves from others so that the failures associated with family and peer relations is significantly minimized. Parents may walk away from this teen out of feelings of rejection or frustration. A child who is self-isolating may seem less problematic for large institutional systems such as schools or out-of-home care situations. Yet, this isolation usually leads to serious bouts of depression and sustained anger. When this child reaches adolescence, s/he may find the pain and loss so great that his/her behavior may become self-destructive (addictive) and psychologically unstable with unpredictable behaviors and/or thoughts.

FOSTERING FAMILIES

PARENTING THE POORLY ATTACHED ADOLESCENT

Lecturette #4

Having examined the types of behaviors often typical of the teen who has attachment problems, allows us to consider the job for foster parents and for the caseworker who may be attempting to help the foster parents. From examining the works of various experts and using what we have learned in working with these children, there are four approaches to discuss. First, we will talk about the important ways of offering *nurturance*. Second, we will address the need for *consequences* for these children. Third, it is very important for these children to *grieve and mourn* the losses they have had in their lives. Fourth, there are *medications and evaluative services* that can be used.

NURTURING THE NEEDY TEENAGER

Nurturing is an important part of our living. As we grow, we actually teach our children so they are aware that they must take care of themselves, nurture themselves. Children with attachment problems often lack these lessons in self-nurturing. Our experience suggests that we must learn to be self-nurturing. We cannot nurture others until we have accepted nurturing from others (this is the bonding process), and then learned to nurture and care for ourselves. Then, and only then, do we have the capacity to nurture others.

Individual or Group Activity:

Examine the "Intervention Map: Attachment Disorders," Chart D, as you read through this lecturette.

Examine Chart E, "Parenting Poorly Attached Teens."

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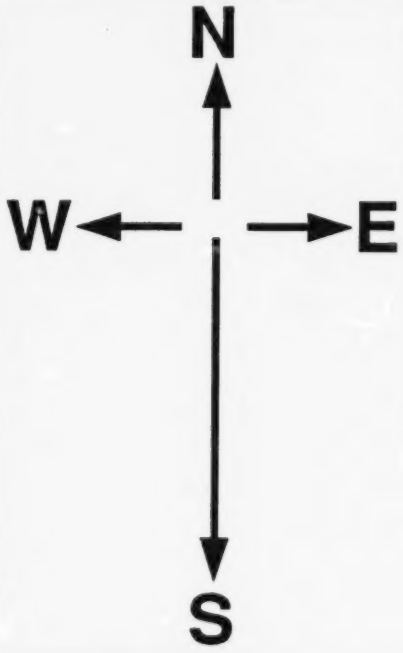
Intervention Compass: ATTACHMENT DISORDERS

Natural Consequences

- Responsible for actions:
  - flunking
  - stealing
- Reshift control to parents:
  - chart behaviors
- Accept legal institutions/ schools

Warmth, Nurturance

- Touching
- Holding
- Work with young children
- Work with animals
- Gardening/Nature experiences
- Create meaning from childhood sacrifices or deprivation
- Teach personal boundaries (safety)
- Identify and use small losses that may help child open up
- Spiritual experiences
- Setting boundaries & limits
- Thoughtful notes/ compliments



Experiences of Grieving/Mourning

- Use creative ways poetry, music, art
- Touching
- Family of origin work/therapy
- Use memories family stories
- Weeping, crying

Stabilize with Physiological/Psychological Resources

- Depression/Anxiety/ Hyper Medication
  - depressants
  - anti-anxiety
- Dual diagnoses (ADD + others)
- Testing:
  - schools or
  - mental health ctr.

Poorly attached adolescents may be described as "survivors" not nurturers. So, it becomes important to know that over time one task which must be accomplished is to have the young person move toward the ability to self-nurture.

How do poorly attached children get there? Through experiences which include:

The teen with attachment problems must be offered love and expressions of caring. For many of these teens, receiving love and touch is too threatening. At first touch may be difficult as they bristle at physical touching, hugs, etc. So, less obvious ways must be found and the parent must persist in their touching process so that the teen becomes slightly more open and receptive. For example, just touching on the shoulder lightly may work. However, because some of these young people have been personally violated either sexually or in general physical terms, it can be important to ask if you can touch a shoulder. That young person will know that you are not going to hurt them but you want to let him/her know you care. Please take note, though, that the more disturbed the teen is on the attachment continuum, the less likely s/he will be open to touch. Nurturing teens, however, generally means that we are using words to express our caring. Yet with the poorly attached teen we must not depend on that avenue. Showing caring and nurturing is vital.

Other ways to help in developing nurturing can include providing the teen with supervised opportunities to help younger children. The benefits of giving and receiving are equally important.

Thus, finding opportunities where a teen can tutor a younger child or care for children in a supervised day care setting can provide this giving and receiving experience. Similarly, these young people can work with animals and gain some opportunities for expressing caring behaviors. In any of these situations, close supervision is vital.

As in many self-help models for healing, spiritual communities may offer poorly attached teens both the structure and experiences of caring that can be understood and accepted. Programs such as Outward Bound and Alateen are two examples of programs offering strong structure with genuine caring.

HELPING THE TEEN TO GRIEVE AND MOURN THE POOR ATTACHMENT EXPERIENCE: The Loss

There is little recognition about how important it is for the poorly attached child to get connected with the deep losses. As we saw from earlier materials, poorly attached and unattached children experience rejection, neglect, abuse, and abandonment from their primary caregiver(s) in the earliest stages of life. The experience of loss is being poorly attached or unattached.

As a foster parent or caseworker working with the biological family may be equally important to working with the adolescent. When parents talk about what occurred in the early years of the child's life, some understanding may be unveiled. In therapy, a parent may be asked to write about the pregnancy and the first years of the child's life.

This is a critical tool to unraveling why neglectful, traumatic, and abusive behaviors occurred. When working with biological families, the young person may also be able to achieve some of the grieving so vital to improving their life. And, some resolutions may be reached as well around what current relationships can become between the biological parents and the birth child.

We know today, unlike before, how important it is to express our grief and mourn our losses. The road to healing is held in the sorrow and tears.

Helping young teens to express their grief and loss might be achieved through some of the following suggestions:

*use family connecting experiences including using photos, family stories, extended family members

*encourage journaling, another type of writing that can connect adolescents to their inner selves

*have the young person write--poetry or stories

Doing any of the above activities should be understood as ways to facilitate a process of grieving and mourning. It is important as the parents and caregivers to use these methods to help the teen make sense of what they may only minimally understand in themselves.

For example, a teen may become really hooked on some rock songs which mirrors feelings of emptiness, pain, and rejection. We can help a teen be taking time to talk about what this music means to them--not rejecting the importance because we won't listen to the music.

It becomes most important that as substitute and alternative caregivers, we must **accept suffering as normal** and we must **accept the tears and pain** as well.

Using therapy, individual and group, can be helpful, particularly when other teens are also working on grief and loss. Similarly, reading a poem or story written by a young person or teen may express feelings of deep sadness, fear, or aloneness. We must spend time learning what stories mean and express. Most poorly attached teens have poor cognitive capabilities and parents and caregivers must recognize the importance of these limitations toward achieving changes.

ALLOWING NATURAL CONSEQUENCES:
Control and Responsibility

"Natural consequencing" has become a popular term for "making sure that the child receives the normal response" for the poor behavior. If a child steals, then s/he should be taken to the store manager. If the store manager decides to press charges, then the store manager should be supported in carrying out his decision. Thus, parents do not act as "protective" intermediaries for the young person who has done something wrong. This is very important and hard to do at first. It can work though.

Similarly, the poorly attached child has poor internal structures (thus in most cases does not utilize insight therapy well). There has been success with this young teen in a highly structured environment such as a military academy. Structure takes much guess work out and provides immediate consequences. Guess work is difficult for the teen who is unsure of his/her very existence! And, in line with earlier comments about the unattached young person, these teens want to conform to the "power group" or academy environment because they want to be accepted.

Teaching self-control and responsibility are challenging parenting tasks. Some things that may work include having the young person and parent chart certain difficult behaviors so the young person can visually see the repetition and then accept suggestions around ways to modify the behavior. We must teach these adolescents to ask for help!

This is so difficult when their infant cries did not work with their primary caregiver years earlier. None the less, these teens must ask for help and ask without having to feel shame and guilt. As parents, we must provide projects that fit the capabilities of the teen. These teens should be given small do-able tasks that meet the his/her emotional demands. And, parents must use concrete positive reinforcements for successes. These small repetitions of successes can lead to building self-esteem. In a sense then we are providing opportunities that create hopeful realities and dreams.

USING PHYSIOLOGICAL AND PSYCHOLOGICAL SERVICES FOR POORLY ATTACHED TEENAGERS

There are times when a child has to use medications in order to slow down the internal feelings of craziness. A good diagnosis is important, and medications such as anti-depressants or anti-anxiety drugs can be helpful. A psychiatrist, physician, psychotherapist or a mental health system should be contacted by the caseworker and/or the foster parent.

One issue that seems somewhat prevalent for the poorly attached teen is the predominance of dual diagnoses such as being depressed and learning disabled. These dual diagnoses may confuse the issues of how to actually treat the young teen or adolescent who is poorly attached.

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Testing may be helpful in assessing learning disabilities or attention deficit disorders. Generally, the schools may be used for these types of tests. A school staffing/team meeting is important. In this meeting, group members, including parents (foster and biological) must discuss the diagnosis, anticipated treatment, and the corresponding roles and responsibilities of each member and their system. Further, the key component in the staffing process is to build in a procedure for timely follow up with the family, administrative and school staff personnel.

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PARENTING POORLY ATTACHED TEENS

Chart E

Normal ranges of adolescent development involve the move from what is known as "concrete" thinking to the level of "abstract" thinking. Abstract thinking allows teenagers to gain the ability to think about ideas and concepts that are not readily visual (seen). Abstract thinking allows teenagers to examine beliefs and values that they have been living within. For the poorly attached adolescent, the capability for abstract thinking is limited, and in severe cases, undeveloped. This leads to the difficult behaviors that require clear, consistent parental responses.

Even as we consider parenting issues for adolescents who are not securely attached, we recognize that not all of the suggestions below fit all the young people whom you will meet. Caseworkers and foster parents can use this list to explore possible parenting ideas when necessary.

Parental Don'ts	*Parental Do's*
***Listen to the adolescent, attempt to gain an accurate understanding, yet, *don't* spend loads of time reasoning with the adolescent when facts and information are confusing and seems twisted**	***Let natural consequences take place; following through on consequences you have set up as parent, even with confusing, twisted information** ***Remain calm. Respond in non-hostile, non-angry, non-violent patterns**
***When in doubt, *don't* give the adolescent the benefit of the doubt but rather say I need more information**	***Acknowledge the pain and the fear the adolescent is most probably experiencing and stay away from defending and rescuing the teen**
***When you know your adolescent has lied or stolen, *don't* ask if they have done so...they will give you an automatic *no*!**	***Send an "I" message--"I am angry at your stealing. Get those stolen goods out of this house and out of my sight!"**

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PARENTING POORLY ATTACHED TEENS

Chart E (cont.)

Parental Don'ts	*Parental Do's*
***Don't** give privileges to the adolescent that s/he can not handle like babysitting, driving, an unsupervised vacation experience	*Give the adolescent small do-able tasks that meet the attention span and the emotional demands s/he is capable of working within *Use concrete, positive reinforcement for successes *Be realistic about assigning "helping" tasks, being careful that tasks are not life-threatening to the adolescent or others *Use tasks in safe, supervised settings
***Don't** trust the adolescent with large sums of money or other family valuables	*Give an age-appropriate allowance, some allowance that is not tied to achievement (just because I love you), or use special family possessions that are given at special times to reinforce achievements by the adolescent *If the teen steals money or valuables, report it to the sheriff or police and require that they carry out the law
***Don't** expect honesty from the teenager when they appear trapped or when they feel that their dishonesty will meet their personal needs	*Since survival is so high for the unattached adolescent, a response might be to actually state what you as a parent see occurring and help the teen gain "control" again (treat the situation much like a crisis where in a crisis people are not thinking rationally, logically, or with regard to those outside themselves)

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KEY POINTS

1. **Attachment between caregiver and infant lays the foundation for healthy psychological, physical, and cognitive development in a child. Thus, attachment and bonding are vital concepts for the child placement and treatment planning functions of the foster care system.**

2. **Attachment is not an "either or" issue but rather occurs on a continuum from securely attached to unattached. Various levels of attachment and the behavioral problems evolving around attachment are critical to the placement and permanency planning process in foster care.**

3. **The dynamics of attaching and the claiming behaviors that are involved in bonding are important for the infant and primary caregiver. As a child grows to school-age, s/he must build from this attachment and bonding experience. If, as a child reaches school age, s/he has experienced poor or unsuccessful parental responsiveness in the attaching process, that child will manifest behaviors that compensate for the loss of attachment. Treatment planning depends on a strong competence in understanding and identifying attachment disorders in foster children.**

4. **Poorly attached teens exhibit some identifiable patterns of dysfunctional behavior. These behaviors include delayed conscience development, manipulation, chronic anxiety, authority problems, aggressive, hostile, and destructive behaviors, poor peer relationships, and self-isolation. Learning to recognize the poorly attached child is important for caseworkers and foster parents.**

5. **Caseworkers and foster parents can promote attachment and reduce problem behaviors of poorly attached children through positive interactions with the child, strong nurturing, natural consequencing, periods for grieving and mourning, and structural parenting. These interactions should be directed toward achieving a successful transition from foster care to permanency for the foster child in placement.**

6. **Sometimes foster parents may not be able to "reach" a poorly attached child. The child's age and degree of attachment play an important part in the process. Foster care providers--caseworkers and foster parents alike, must understand the problems of assessing and treatment planning with the poorly attached foster child.**

FOSTERING FAMILIES

SUGGESTED RESOURCES

These books and articles were used to develop this module and offer indepth discussions of early infant attachment as well as addressing the problems of poorly attached children and adolescents.

Bowlby, J. (1973). Attachment and loss Vol. 2: Separation. NY: Basic Books.

Bowlby, J. (1988). A secure base. NY: Basic Books.

Cleckly, H. (1976). The mask of insanity. Mo.: The C. U. Mosby Company.

Cline, F. (1979). Understanding and treating the severely disturbed child. Evergreen, Coloardo.

Fahlberg, V. (1979). Attachment and separation. Michigan Department of Social Services.

Fahlberg, V. (1981). The child in placement: common behavior problems. Michigan Department of Social Services.

Karen, R. (1990). Becoming attached. Atlantic Monthly, Vol.265 (2).

Magid, K. and McKelvey, C. (1981). High risk: Children without a conscience. NY: Bantam Books.

Main, M. and Weston, D. (1981). The quality of the toddler's relationship to mother and father: related to conflict behavior and readiness to establish new relationships. Child Development, 52, 932-940.

Welch. M. (1988). Holding time. N.Y.: Simon Schuster.

FOSTERING FAMILIES

ASSIGNMENT FOR PARTIAL CREDIT

Instructions: Please read the information provided below. Review the material in this module. Then respond to the questions below. Thank you.

One foster parent recently identified the following behaviors of their 12 year old son, Paul:

***rips, tears, eats his clothes**
***threatens to leave home and live on streets**
***dirties his underwear and hides them around house**
***mean to the dog**
***loves horror movies, especially the bloody parts**
***spits at people**
***hits, kicks, trips, falls down whenever the chance arises**
***urinates in public places**
***hides food**
***masterbates a lot**
***molested Sasha (sibling)**
***can't ride the school bus**
***wants to kill his birth mother--shot her already in his mind**
***chews his fingers until they bleed**
***wanders the house at night, doesn't sleep**
***steals at school--erasers are his favorite--then eats them**
***can't be left on playground to play with other kids**

About three months ago, Paul was seen by a social work clinician. The social worker consulted with a psychiatrist who provided medication to Paul to help slow down his crazy behavior. The therapist is seeing Paul twice weekly. Using the material from this module, and other resources you are familiar with, consider four or five specific parenting priorities if Paul were placed in your home.

When completed, please mail to:

Dr. Mona S. Schatz
Fostering Families
Colorado State University
Social Work Department

FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW_ _ _ _-_ _ _

Name: _____ **Social Security #:**_____

Address: _____ **Phone:** _____

_____
(city) (state) (zip)

Grading: __Pass/Fail__ **(unless otherwise requested)**

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs $90.

FOSTERING FAMILIES

PARENTING THE POORLY ATTACHED TEENAGER

EVALUATION BY PARTICIPANTS

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

1 - not well addressed in the training
2 - not as adequately addressed as necessary
3 - adequate; given sufficient attention
4 - well addressed in the training
5 - very well addressed in the training

		Not Well Addressed				Very Well Addressed
1.	To identify the basic concepts underlying attachment and bonding	1	2	3	4	5
2.	To examine attachment disorder through a continuum from securely attached to poorly attached to unattached	1	2	3	4	5
3.	To identify problem behaviors in teenagers who struggle with attachment disorder	1	2	3	4	5
4.	To increase the caseworker's effectiveness in monitoring and supporting foster parents caring for foster children, participants will explore ways to parent poorly attached teens in four areas: nurturing, grieving and mourning, consequencing, and professional intervention	1	2	3	4	5

B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 = Very Poor
2 = Poor
3 = Adequate
4 = Good
5 = Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual	1	2	3	4	5
3. Participant responsiveness	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns	1	2	3	4	5
5. Your interest in the training session	1	2	3	4	5
6. Your comprehension of the material presented	1	2	3	4	5

COMMENTS: Please be specific:_____

C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 = Totally inadequate and ineffective
2 = Generally inadequate and ineffective
3 = About half and half
4 = Usually adequate and effective
5 = Highly adequate and effective

	Totally Ineffective/ Inadequate		0		Highly Effective/ Adequate
1. Knowledge/mastery of the subject matter	1	2	3	4	5
2. Preparation	1	2	3	4	5
3. Ability to communicate	1	2	3	4	5
4. Style of presentation	1	2	3	4	5
5. Enthusiasm/interest in subject matter	1	2	3	4	5
6. Overall performance	1	2	3	4	5
7. Ability to facilitate	1	2	3	4	5

8. **In general, what would you identify as the strengths of trainer(s)?**

9. **In general, what would you identify as the deficiencies of trainer(s)?**

D. **The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.**

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation	1	2	3	4	5

COMMENTS: Please be specific:

E. **Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).**

I.D. #_ _ _ _

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # _ _ _ _

2. Circle correct role: 1. worker 2. foster parent 3. Other_____
(please specify)

3. Date _ _ - _ _ - _ _

4. County _____

5. Circle gender: 1. Male 2. Female

6. Circle racial background:
1. Hispanic
2. Black, not of Hispanic origin
3. Asian-American
4. American Indian
5. White, not of Hispanic origin
6. Other:_____

7. Age_____

8. Are you (please circle one): 1. Married 2. Separated 3. Single

9. Number of birth & adopted female children_____

10. Number of birth & adopted male children_____

11. Circle age group of birth & adopted children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & others over 18
7. none

12. Highest level of formal education: (please circle one)

1. some high school
2. high school graduate
3. some college
4. college graduate
5. Master's degree or higher

13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?
1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify)_____
3. Both County Department of Social Servoces and Private.
4. Indian/Tribal
5. Other (please specify) _____

15. Total # of children presently in home_____

16. Number of foster female children_____

17. Number of foster male children_____

18. Circle age group of foster children:

1. all under 5
2. all under 10
3. all under 15
4. all under 18
5. all over 18
6. some under 18 & some over 18
7. no children now
8. not yet foster parents
9. other_____

19. Is at least one parent in the home providing parenting and supervision?

1. Yes 2. No, Parent(s) have work responsibilities outside of the home.

20. Length of involvement as foster family: _____years

21. Number of foster children for which licensed_____

22. Total number of foster children since being a foster parent_____

23. Circle general age groups of foster children you have served:

1. 0 - 24 mos.
2. 1 - 6 years
3. 0 - 12 years
4. 0 - 18 years
5. 0 - 21 years
6. short term/emergency

.....

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?

1. County Department of Social Services
2. Private Child Placing Agency (please specify) _____
3. Indian/Tribal
4. Other _____ (please specify)

25. Are you currently employed as a foster care worker? 1. Yes 2. No

26. Length of time in current agency _____years

27. Current title:

1. Caseworker I
2. Caseworker II
3. Caseworker III
4. Supervisor I
5. Supervisor II
6. Foster Case Trainer
7. Other (specify) _____

28. Length of time in current position _____years

29. Length of time in protective services/foster care unit _____years